Command	Course Title				Lesson Plan / Video /Slic	le Presentation Number	Course Date
Instructor's Name (Print)		Instructor	's Signature	I		Time (Start/End)	Total Hours
If no Lesson Plan / Video / Slide Pre	sentation Number o	r copy of the	a leeson nian can	he provided then pr	ovide a brief description	of the source motorial / tw	
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Print Name Legibly	Last 4 of SSN	Dept/Div Code	Grade/ Rate/Rank		Job Title		Signature
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PRIVACY ACT STATEMENT - The concerning the information requested:	Privacy Act of 1974	(PL93-579) (	OPM/GOVT) requir	res Federal Agencies	to inform individuals who fu	rnish information about the	mselves as to the following facts
official record of training; (3) Routine I	<b>Uses:</b> To be used by a	agency officia	als for enrolling emp	ployees in mandatory/	recurring, in house training	courses and for recording	the data as required; (4) Mandatory